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RICHARD J. ...
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Bartolo Mullen

Plaintiff,

CV 07

3350

CASE NO. _____

vs.

Mr. Ed Foulk; Tom
MORAIDA, et al. Defendants

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

RMW

(PR)

I, Bartolo Mullen, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 September 6, 1996. Approximately
 5 1,000.00 per month.

6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X
 10 self employment

11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes X No ___
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 The state Hospital provides 12.50 per
 22 month For indigent patients.

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- 1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____
 6 _____
 7 5. Do you own or are you buying a home? Yes ____ No ☒

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No ☒

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ____ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No ____ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ____ No ____

20 _____

21 8. What are your monthly expenses? *NA I Am incarcerated*

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26 _____	\$ _____	\$ _____
27 _____	\$ _____	\$ _____
28 _____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Government Loans for School.

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No ☒

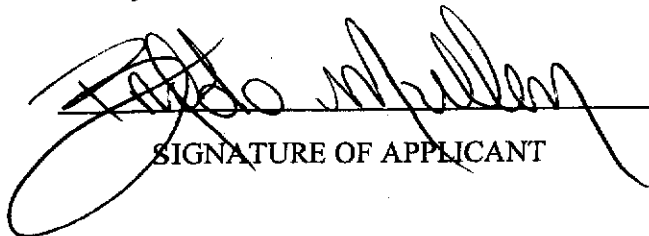
Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

12/13/07

DATE


SIGNATURE OF APPLICANT

Case Number: CV-07-6250 RMW

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Bartolo Mullens for the last six months
Napa State Hospital ^[prisoner name] where (s)he is confined.
_[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 12.50 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 12.50.

Dated: 12/18/07

Laura Harris STO
[Authorized officer of the institution]

MULLEN, BARTOLO
NA-202726-6 CA 3-15-64
M SGL BL 2 U
12-30-97 CC PC 1026

Bartolo mullen
2100 NAPA VALLEJO Hwy.
NAPA, CA. 94558

OAKLAND CA 94612

23 DEC 2007 PM 4 1

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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

